

NJ Division of Revenue
Request For Authorization To Report Form WR-30 Magnetically

Please print or type

SECTION I - Employer	
FEIN	
Company	
Address	

SECTION II. – Submitter (If Other Than Above)	
FEIN	
Company	
Address	

SECTION III. – Contact Person	
Name	
Title	
Address	
Telephone	
FAX	

SECTION IV. – Media Type you will be using:	
e-mail <input type="checkbox"/>	Tape - 9 Channel EBCDIC <input type="checkbox"/>
CD <input type="checkbox"/>	Cartridge - 3480 or 3490 <input type="checkbox"/>
Diskette 3 1/2" <input type="checkbox"/>	

Note the following media are not accepted:**Diskette 8" Cartridge - 8mm****Diskette 5 1/4"****Diskettes must be IBM compatible**

Fax completed form to: (609) 292-1777 or (609) 633-6706

Or mail completed form to: NJ Division of Revenue
 PO Box 256
 Trenton, NJ 08646-0256

Questions? Call (609) 984-7988 or (609) 633-2633

Or visit our web site at www.state.nj.us/treasury/revenue